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STATE OF TEXAS

INSTRUCTIONS

(TO POLICE)

FOR REPORTING ACCIDENTS

ON

TEXAS PEACE OFFICER'S ACCIDENT REPORT FORM

AND

TEXAS PEACE OFFICER'S ACCIDENT CASUALTY SUPPLEMENT FORM

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GENERAL INSTRUCTIONS

1. Every law enforcement officer, who, in the regular course of duty, investigates a motor vehicle accident resulting in injury to or death of any person or damage to the property of any one person to an apparent extent of \$500.00 or more is required by Texas law to forward a written report of such accident to the Department of Public Safety within 10 days of the accident. Reports of investigated accidents involving property damage of less than \$500.00 should also be submitted to Statistical Services. Such report is required to be made on the forms approved by the Department. Only black ink or typewriter ribbon should be used and in all cases be certain that all information is legible.
2. All motor vehicle accidents are to be reported giving sufficient circumstances surrounding the accident to provide data for accident prevention and proper classification according to nationally accepted standards. To assist the Department in ruling on questionable deaths, death certificates, coroner's rulings or other data which can be used to assist in classifying deaths should be submitted in addition to the report. The Department will advise the investigating agency of the classification.
3. Non-contact traffic units should be identified and reported. A non-contact traffic unit is a vehicle, pedestrian, etc., which contributes to an accident by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury. Information on a non-contact unit including any factors contributing to the accident should be reported on the accident report the same as if it had been in actual contact; i.e., the vehicle and driver information should be shown in the space provided for units in the accident.

4. Sometimes, in the same area and within a short time, several motor vehicles may be involved in accidents. In such chain reaction accidents, it is frequently difficult to determine afterward whether this event was one accident without a moment in which the accident situation was stabilized, or whether several accidents occurred with the accident situation stabilized between separate accidents. Consequently, for purposes of uniformity, consider such chain reaction accidents to be single motor vehicle accidents, unless a stabilized situation can be established between the several events that may occur in such chain reaction accidents.

When a chain of events is definitely broken by time or place, the events should be reported as separate accidents. Example: A car plows into an accident which has occurred a few minutes before; a car strikes a parked car, drives down the street for some distance and hits another car; or two cars collide in the roadway, and a third vehicle avoids the collision by leaving the roadway and injury or damage results. Such cases should be reported as separate accidents on two reports.

5. An accident must result in some damage and/or injury. If there is no damage or injury, a report should not be submitted even though the event is investigated.
6. The police accident report and all attachments (witness statements, scale diagrams, drivers' statements, supplementary reports, or any other items relating to the accident) which are submitted to the Department are public documents by law and copies may be obtained by any person upon proper request.
7. These instructions have been written to cover most situations which arise in motor vehicle accident investigations. A few situations may arise where these instructions are not completely applicable. In such instances use the instructions most applicable and explain under "Investigator's Narrative Opinion of What Happened" so that proper classification and chargeability may be determined.
8. Both sides of the report must be completed, and in certain cases of deaths and injuries, additional information must be completed on the casualty supplement. (See page 27)

FRONT OF BASIC REPORT

PLACE WHERE ACCIDENT OCCURRED		LOC. NO. _____
COUNTY _____ CITY OR TOWN _____		DO NOT WRITE IN THIS SPACE
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN _____		
ROAD ON WHICH ACCIDENT OCCURRED		DPS NO. _____
BLOCK NUMBER _____	STREET OR ROAD NAME _____	CONSTR. ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SPEED LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER _____	BLOCK NUMBER _____ STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____ CONSTR. ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SPEED LIMIT _____
NOT AT INTERSECTION _____	<input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____	CODE _____ SEVERITY _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		TYPE _____
		FAT. REC. _____ OR REC. _____

PLACE WHERE ACCIDENT OCCURRED

The location and classification of an accident is determined by the first harmful event. The first harmful event is the first occurrence in a traffic accident that results in damage or injury. This occurrence determines the time and place of the accident.

COUNTY - Always show the county in which the accident occurred based on the first harmful event.

CITY OR TOWN - Show name of city or town in which the accident occurred. If the accident occurred outside a city or town, leave blank or put a dash.

NOTE: Cities reproducing this form may modify this section to suit local needs as long as city and county identification is clearly shown.

DISTANCE AND DIRECTION FROM NEAREST TOWN - If the accident occurred inside a city or town, leave blank or put dash.

DISTANCE - Show the distance from the city limits of the nearest city or town; or the city or town from which the accident location can most easily be established. (For example: A city or town five miles away on the same road as that on which the accident occurred would be better to use than one three miles away cross-country using back roads and short cuts.) The distance should be shown in miles and tenths of miles unless it is 500 feet or less in which case show in feet.

DIRECTION - Check appropriate box or boxes, as "S" for south, "S" and "W" for southwest, etc.

OF - Show name of city or town from which the distance was measured.

ROAD ON WHICH ACCIDENT OCCURRED

BLOCK NUMBER - If blocks are numbered, show official block number.

STREET OR ROAD NAME, ROUTE NUMBER OR STREET CODE - Use official street name, number or letter. If the street or road on which the accident occurred is a designated federal or state highway, show highway designation and number, using commonly accepted abbreviations, such as IH for interstate highway, US for other federal, SH for state highways, and FM for farm-to-market or ranch-to-market roads. When the highway has more than one highway designation, such as a US highway and a state highway

using the same roadway, use the highest designation (IH as first, US as second, SH as third and FM as fourth). When a highway has more than one number within a designation (as US 81 and US 77), use the lowest number. Cities participating in the urban coding project, place the street code following the route number. In cases where the street is not a numbered highway, place street code in this location.

To establish a complete location, frontage or service roads, entrance ramps, exit ramps, and crossovers must be distinguished from the major roadway but must retain the official highway designation and number as the basic identification. Abbreviations may be used and description of location shown as follows:

- a. Frontage or Service Road - Show direction from the major roadway, such as IH 35 East Frontage Road which may be abbreviated as IH 35 E FR, or IH 35 West Frontage Road shown as IH 35 W FR.
- b. Entrance or On Ramp - Show as IH 35 ON RP.
- c. Exit or Off Ramp - Show as IH 35 OFF RP.
- d. Crossover - Show as IH 35 X-OVER.

If the road is not a designated federal or state highway, show name of road or county road number.

If the road is a county road but the name of the road and/or county road number is unknown show as unknown county road from (name of town, community, or other permanent reference point) to (name of town, community, or other permanent reference point).

CONSTRUCTION ZONE - Indicate whether or not this accident location is within a posted construction zone by checking appropriate box. If the accident is related to the construction, explain briefly under "Investigator's Narrative Opinion of What Happened."

SPEED LIMIT - Show legal or posted speed limit for passenger cars on the road at this time and location regardless of existing conditions. This is not to be construed as "Safe Speed." (Yellow and black speed advisory signs on curves, exit ramps, etc., are not speed limit signs.)

INTERSECTING STREET OR RR X'ING NUMBER

This line will be completed only when the accident occurred IN an intersection with another public street or road or at a railroad crossing. If the first harmful event was not IN an intersection or at a railroad crossing, leave this line blank and complete information under "Not At Intersection."

BLOCK NUMBER - If blocks of intersecting streets are numbered, show block number.

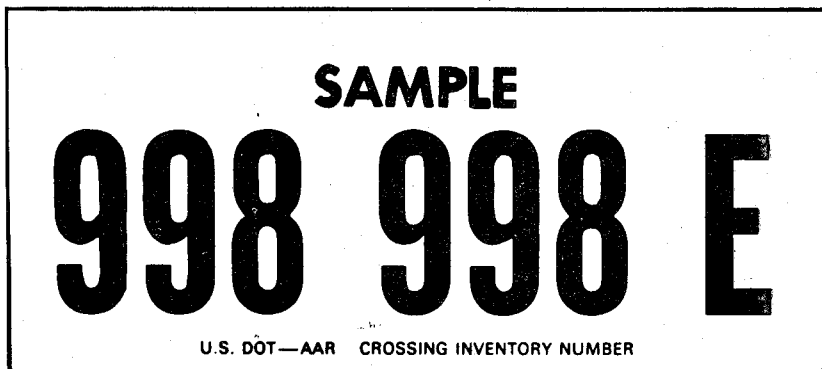
STREET OR ROAD NAME, ROUTE NUMBER OR STREET CODE - Show official street name, number or letter of intersecting street. If the intersecting street or road is a designated highway, show in the same manner as for the "Road On Which Accident Occurred." Cities participating in the urban coding project will enter street code following the route number. In cases where the street is not a numbered highway, place street code in this location.

CONSTRUCTION ZONE - Indicate whether or not the intersecting street is in a posted construction zone.

SPEED LIMIT - Show legal or posted speed limit for passenger cars on the intersecting street at this time and location regardless of existing conditions. This is not to be construed as "Safe Speed." (Yellow and black advisory signs on curves, exit ramps, etc., are not speed limit signs.)

RAILROAD CROSSING NO. - The State Department of Highways and Public Transportation has assigned numbers to all railroad grade crossings. This serial number on accident reports will provide for accurate identification of the railroad crossing, the capability of computer indexing high risk locations and evaluation of protective device requirements.

A sample of a crossing serial number (US DOT-ARR Crossing Inventory Number) is shown below. This number will be on a card approximately 3 x 7 inches and will normally be placed on the main upright of the railroad signal or sign just above eye level. There are instances, however, where the number may be attached to a nearby telephone pole or a post if no sign or signal is present.



NOTE: Name of the Railroad will appear where the word "Sample" is located.

Show the appropriate railroad crossing serial numbers whenever an accident involves a railroad grade crossing as a factor, regardless of whether a train was hit. The number should be placed on the line for intersecting street or rr x'ing number as shown in following example:

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____		CITY OR TOWN _____	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED			
BLOCK NUMBER _____		STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
INTERSECTING STREET OR RR X'ING NUMBER _____		BLOCK NUMBER _____	STREET OR ROAD NAME _____
NOT AT INTERSECTION _____		<input type="checkbox"/> FT. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF _____	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

NOT IN INTERSECTION

If the accident was not IN an intersection, show the distance and direction from the nearest permanent reference point. Permanent reference points are milepost markers, county lines, intersections with designated federal or state highways, roads, streets, overpasses, underpasses and identifiable bridges. When overpasses, underpasses or bridges are used as reference points, sufficient information must be furnished to positively identify the respective structure on maps or other reference material. This information should consist of the bridge number (if available) and a description such as, Overpass at Bedford - Smithfield C. Rd., 2nd Slough Bridge E of Brazos River - Bridge #100, etc.

The closer the location of the fixed reference point is to the accident location, the more precisely the accident may be plotted. DO NOT use local business names such as the Hi-Ho Club, etc., culverts or small bridges which cannot be positively identified as distinct from other bridges in the area, etc., as the accident locations must be plotted by use of maps and other reference material by persons who are not necessarily familiar with the locality.

DISTANCE - Show the distance from the reference point in feet unless the distance exceeds 500 feet in which case show in miles and/or tenths of miles. Indicate whether feet or miles are used by checking appropriate box. If the accident occurred ON or IN a bridge, overpass or underpass, the distance should be shown from one end of the structure.

DIRECTION - Check appropriate box or boxes, as "S" for south, "S" and "W" for southwest, etc.

OF - Name of the reference point used.

EXAMPLES:

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN			
ROAD ON WHICH ACCIDENT OCCURRED			
BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER _____	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
NOT AT INTERSECTION .2 <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ M.P. 28			CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN			
ROAD ON WHICH ACCIDENT OCCURRED			
BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER _____	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
NOT AT INTERSECTION 100 <input checked="" type="checkbox"/> FT. <input checked="" type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ I. H. 10 Overpass #075			CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN			
ROAD ON WHICH ACCIDENT OCCURRED	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
NOT AT INTERSECTION	2	<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	of S. End of Colorado R. Bridge #099
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN			
ROAD ON WHICH ACCIDENT OCCURRED	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
NOT AT INTERSECTION	ON BRIDGE 200	<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	of N End of Main St. Bridge No. 085
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN			
ROAD ON WHICH ACCIDENT OCCURRED	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
CONSTR. <input type="checkbox"/> YES	SPEED ZONE <input type="checkbox"/> NO LIMIT		
NOT AT INTERSECTION	75	<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	of North Street Intersection
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			

NOTE: On copies of accident reports sent to the Department of Public Safety, the box in the upper right-hand corner labeled "DO NOT WRITE IN THIS SPACE" is for DPS office use and should be left blank. However, if the investigating agency desires to indicate its local number on the DPS copy, this may be done on the line marked "Local No."

LOCATION OF ACCIDENTS IN PARKING AREAS AND ON OTHER NON-TRAFFICWAYS

Within the section of the accident report headed "Road On Which Accident Occurred," the location of accidents in parking areas and on other non-trafficways may be done in whatever manner is prescribed by the investigating police agency to best suit its needs, provided that sufficient information is furnished so that the type of parking area or non-trafficway may be determined.

Accident Investigation and Reporting on Private Ways and Parking Lots. Article 6701d, Section 43A, applies to privately-owned access ways and parking areas as follows:

1. Non-trafficways
 - a. Traffic Law Applies. Accident is reportable, but the Safety Responsibility Act does not apply.
 - 1) Business-owned access ways, roads or streets open to public

- 2) Hotel and motel driveways
 - 3) Hospital, airport, arena, cemetery, etc., driveways not restricted
 - 4) Non-restricted roads on military bases where the state has jurisdiction
 - 5) Oil lease and irrigation roads open to the public
 - 6) Private school not restricted
 - 7) Filling station driveways
- b. Traffic Law Does Not Apply. Not Reportable.
- 1) Residential driveways - includes single unit, duplex and apartment
 - 2) Farm and ranch roads not open to the public
 - 3) Restricted roads on military bases or on roads where jurisdiction has been ceded
 - 4) Posted roads (restricted by signs or barricades)
 - 5) Loading dock areas
 - 6) Car repair areas
 - 7) Racetracks

2. Parking Areas

- a. Traffic Law Applies. Accident is reportable, but the Safety Responsibility Act does not apply.
- 1) Areas provided for customers by a business where motor vehicles can travel from one adjacent road to another (Harris vs. State 499 SW 2d 9)
 - 2) State-owned (all government-owned) where public parking permitted
 - 3) Free parking lots
 - 4) Drive-in customer parking
 - 5) Private schools
 - 6) Hospital, airport, arena, cemetery, etc., where no fee is charged
 - 7) Shopping center
 - 8) Hotel and motel, where parking is done by customers
- b. Traffic Law Does Not Apply. Accident is not reportable.

- 1) Private residence garages - includes single unit, duplex and apartment
 - 2) Business areas exclusively for employees - includes governmental also
 - 3) Commercial - where fee is charged
 - 4) Drive-in theaters
 - 5) Motor vehicle sale lots
 - 6) Garage storage and repair areas
3. Guide. A general guide to apply to any such private way or parking area is to ask, "Does the owner or person in control of such a facility intend it to be open for use by the public?"

DATE OF ACCIDENT

DATE OF ACCIDENT _____	19 _____	DAY OF WEEK _____	_____	HOUR _____	<input type="checkbox"/> A. M. IF EXACTLY NOON <input type="checkbox"/> P. M. OR MIDNIGHT. SO STATE
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DATE - Show actual date of the accident, giving month, day and year.

DAY OF WEEK - Show the day of the week on which the accident occurred, making sure this agrees with the date of the accident.

HOUR - Show actual time of accident as it can be best established after investigation, including AM or PM by checking appropriate box. If exactly 12 Noon, show NOON and if exactly 12:00 Midnight, show MN.

TRAFFIC UNITS - GENERAL

Consider as traffic units all motor vehicles (operated singly or in combination with another vehicle), pedestrians, pedalcyclists, ridden or herded animals, trains, streetcars, animal-drawn vehicles, etc.

The term motor vehicle as applied to a traffic unit refers to the complete traffic unit of which the motor vehicle is a part, and includes any vehicle or trailer (including their loads) being pushed or towed by the motor vehicle. If any part of a traffic unit of this type is involved in an accident to the extent of inflicting or receiving injury or damage to any person or property, the motor vehicle doing the hauling, pushing, or towing is considered as the traffic unit and should be shown as such. Information relating to the pushed or towed vehicle will be entered in the next unit block. When the next unit block is used, "Unit No. _____" should be marked out and "Towed" checked or "Other" checked and "Pushed" printed beside "Other" to indicate that this is not a separate traffic unit. For example: If a motor vehicle is towing another vehicle, and the towed vehicle inflicts or receives injury or damage, the motor vehicle doing the towing would be considered as actually the unit in the accident. This applies even though the towed vehicle might have become detached prior to actual impact if the towed vehicle is still moving under impetus from the motor vehicle doing the towing.

UNIT NUMBER 1 - MOTOR VEHICLE

UNIT NO. 1 - MOTOR VEHICLE				VEH. IDENT. NUMBER			
YEAR MODEL	COLOR & MAKE	MODEL NAME	BODY STYLE		LICENSE PLATE		
DRIVER'S NAME				PHONE NUMBER		YEAR	STATE
DRIVER'S LICENSE		LAST	FIRST	MIDDLE	ADDRESS	CITY	STATE
LICENSE		STATE	NUMBER	CLASS / TYPE	D. O. B.	MONTH-DAY-YEAR	RACE
LESSSEE <input type="checkbox"/>		OWNER <input type="checkbox"/>				PEACE OFFICER OR FIRE FIGHTER ON EMERGENCY?	
OWNER <input type="checkbox"/>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)				ADDRESS	
LIABILITY <input type="checkbox"/>		INSURANCE COMPANY NAME		POLICY NUMBER		VEHICLE DAMAGE RATING	
INSURANCE <input type="checkbox"/>		NO					

If more than two motor vehicles are involved, list one of the motor vehicles in this space. If the accident involved a motor vehicle with a train, pedestrian, animal, pedalcyclist, etc., the motor vehicle must be shown in this space.

Any type of motor vehicle involved in a traffic accident can be shown as Unit No. 1 even though it may be listed in a category other than passenger cars or trucks on the casualty supplement. Thus, a motorcycle, go-cart, motorized bicycle, farm tractor, etc., can be shown as Unit No. 1 on the basic report. In the case of special types of vehicles (farm tractors, mowers, road machinery, fire trucks, etc.) sufficient information should be provided to show whether in transport or other use.

VEHICLE IDENTIFICATION NUMBER - Show vehicle identification number (VIN) as assigned by manufacturer.

YEAR MODEL - Show year model of vehicle as designated by manufacturer.

COLOR AND MAKE - Show color of vehicle and manufacturer's brand name (Ford, Chevrolet, Plymouth, Mercury, Pontiac, etc.).

MODEL NAME - Show manufacturer's trade name (Impala, Mustang, Fury, etc.).

BODY STYLE - Show body style of vehicle as:

Passenger Cars - For conventional sedans use 2 dr Sed or 4 dr Sed; for hardtop sedans use 2 dr HT or 4 dr HT; for convertibles use 2 dr CONV or 4 dr CONV; for station wagons use 2 dr S/W, etc.

Truck Type Vehicles - Show pickup, panel, stake, van, etc.

LICENSE PLATE - Show year, State of issue, and license plate numbers and letters. Do not mistake trailer licenses for license of towing vehicle.

DRIVER'S NAME - Show last name, first name, middle name or initial of the vehicle driver from driver's license or other means used in investigation. If the name is taken from the driver's license, use exact spelling on the license, as John Franklin Smith should be shown as Smith, John Franklin not Smith, John F. or Smith, J. F. Also show driver's current mailing address including city, state and zip code. If the driver is a member of the armed forces, show military address.

If at the time of the accident there was no driver in the vehicle, such should be noted on this line as "Improperly Parked," "Driverless Moving Vehicle," "Previously Wrecked Vehicle," etc., or the word "None." A driverless moving vehicle is a motor vehicle,

previously parked, set in motion (rolling from parking space) without a driver in the vehicle and does not apply to one where a driver jumps or falls from a moving motor vehicle.

If at the time of the accident the driver of the vehicle is unknown, such as a hit-and-run vehicle, etc., this line should show "Unknown." When the identity of the driver is established through subsequent investigation, a supplemental report should be submitted to show driver's name in order that information on original basic report may be completed.

PHONE NUMBER - Self explanatory

DRIVER'S LICENSE - Show State of issue and driver's license number including any prefix or suffix and what Type (OP, CO, CH) or Class (A, B, C, M, etc.). If driver is not licensed show "None." If license is expired or suspended, show number and write "Expired" or "Suspended" above the number. If driver has a temporary receipt, show license number rather than receipt number. Do not show "Unknown" unless absolutely impossible to determine status of license. If Train Engineer, insert "Train Engineer" in this space and DO NOT show driver's license number.

D.O.B. - Give actual date of birth, taken from driver's license or after being established by other investigation.

RACE - Show as "W" (White), "B" (Black), "H" (Hispanic) or "O" (Other).

SEX - Show sex of driver in space provided.

DRIVER'S OCCUPATION - Show actual type of work done, rather than place of employment, as janitor, construction, laborer, farm laborer, mechanic, TV repair, manager retail business, etc. If the driver is a member of the armed forces show rank and branch of service, as Sgt. USAF, Lt. US Army, etc.

LESSEE OR OWNER'S NAME - Check the appropriate block indicating whether this person is lessee or owner. Show lessee or owner's last name, first name, middle name or initial, current mailing address including city and state if other than driver. If owner and driver are the same, write "Same" in this space.

PEACE OFFICER OR FIRE FIGHTER ON EMERGENCY (CHECKING THE APPROPRIATE BOX IS REQUIRED ONLY IF A PEACE OFFICER OR FIRE FIGHTER IS INVOLVED IN THE ACCIDENT) - Check appropriate box. The "Yes" box should be checked only if this vehicle was a law enforcement vehicle or fire department vehicle being operated in an emergency situation by a peace officer or fire fighter in pursuit of his/her duties as a peace officer or fire fighter. The emergency situation must be described in the "Investigator's Narrative Opinion of What Happened." This is required by Sec. 45(a), V.T.C.S. 6701d and is necessary to keep accident involvements such as these off of peace officers' and fire fighters' driving records.

LIABILITY INSURANCE - Check appropriate box. If yes (satisfactory evidence of minimum liability insurance) print insurance company name and policy number. If motor vehicle is exempt from liability insurance requirement, then print EXEMPT and note reason in the space provided for insurance company name.

VEHICLE DAMAGE RATING - Show actual damage from "Vehicle Damage Scale for Traffic Accident Investigators."

NOTE: Agencies desiring to use "Direction of Force" in addition to damage rating may do so. If used, the direction of force received by the vehicle at impact should be shown before the damage rating using the numerals of a clock to indicate direction damage was received. As an example, a vehicle struck broadside at 3:00 o'clock on the right side would be shown as 3 RP followed by the damage scale.

1. Damage rating is being used to record impact force, so that some correlation between direction and amount of impact force with the severity of injury and restraining device used can be established. The following guidelines should be used:

- (1) Where the type of vehicle does not lend itself to a damage rating (motorcycle, etc.) either use a dash in damage rating or show N/A (Not Applicable).
- (2) Whenever there is no impact force on the vehicle (burned car, undercarriage damage, etc.) either use a dash in damage rating or show N/A (Not Applicable) and there should be some mention of the type of damage in "Investigator's Narrative Opinion of What Happened."

2. When an accident involves a motor vehicle operated in combination with another vehicle (towed vehicle, trailer, etc.) and there is damage to the towed vehicle or trailer, such damage should be shown where the towed vehicle or trailer is listed and not in the space for damage rating to the towing vehicle.

3. When a vehicle is damaged in more than one area in the same accident, show additional damaged areas as outlined below. Each rating should be treated individually and not added together to arrive at a higher damage rating.

- (1) If the damage is FC-2 and BD-4, show the most severe damage first, such as BD-4 + FC-2 or BD-4
FC-2

4. In evaluating damage rating to large truck-trailers, floats, etc., use the following guidelines which follow the format shown on pages 2 and 3 of the Vehicle Damage Scale.

- Rating #1 - Very light metal or surface damage
- #2 - Generally surface metal, but not frame damage
- #4 - Some frame structure damage
- #6 - Heavy frame structure damage

UNIT NUMBER 2

UNIT NO. 2		MOTOR VEHICLE <input type="checkbox"/> TRAIN <input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>		VEH. IDENT. NUMBER _____	
TOWED <input type="checkbox"/> OTHER <input type="checkbox"/>		COLOR _____		MODEL _____	
YEAR _____		MODEL NAME _____		BODY STYLE _____	
DRIVER'S NAME _____		ADDRESS _____		CITY _____ STATE _____	
DRIVER'S LICENSE _____		CLASS/TYPE _____		D.O.B. _____ RACE _____ SEX _____ OCCUPATION _____	
LESSEE <input type="checkbox"/>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____		ADDRESS _____ CITY _____ STATE _____	
OWNER <input type="checkbox"/>		INSURANCE COMPANY NAME _____		POLICY NUMBER _____	
LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY NAME _____		POLICY NUMBER _____	
INSURANCE <input type="checkbox"/> NO		INSURANCE COMPANY NAME _____		POLICY NUMBER _____	
				PEACE OFFICER OR FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE IN NARRATIVE	
				VEHICLE DAMAGE RATING _____	

Unit No. 2 is the second traffic unit involved in the accident and may be a motor vehicle, pedestrian, pedalcyclist, animal rider, train, streetcar, etc.

If the accident involved two or more motor vehicles, check the box for "Motor Vehicle." Information relating to the second vehicle should be shown in this space in the same manner as for Unit No. 1.

If Unit No. 2 is a vehicle being towed, check the box for "Towed." If Unit No. 2 is a non-contact traffic unit, a vehicle being pushed, a previously wrecked vehicle, or a properly or improperly parked vehicle, check box for "Other" and indicate which. The information relating to such vehicles should be completed in the same manner as for Unit No. 1.

If Unit No. 2 was pedestrian, pedalcyclist, rider of animal, or any other person not in a motor vehicle who was injured, check the appropriate box and complete information on back of report labeled "Complete if Casualties Not in Motor Vehicle."

If Unit No. 2 was a train, streetcar, etc., check appropriate box or if other, check box and indicate which. Show the name of engineer or operator in space for "Driver's Name," and insert "Train Engineer" or "Streetcar Operator" in space provided for driver's license number (DO NOT show driver's license number). If casualties occur on train, streetcar, etc., complete information on back of report labeled "Complete if Casualties Not in Motor Vehicle."

ADDITIONAL UNITS

If additional traffic units were involved in the accident, use as many additional sheets as necessary, changing unit numbers on additional sheets to correspond to actual unit number in the accident. Information pertaining to additional units should be completed as for Unit No. 1 and 2. Do not cut out sections on additional sheets, but use entire sheets, completing only sections necessary for the report.

DAMAGE TO PROPERTY OTHER THAN VEHICLES

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	DAMAGE ESTIMATE
OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	DAMAGE ESTIMATE

In this section describe any thing - fixed object, other object, animal, etc. - (other than a traffic unit shown elsewhere on this report) which was struck by one or more of the traffic units involved whether or not damage resulted to the object, etc., struck. Describe the property and damages in dollars (if no damage show "None"). This includes city, county, or state property such as road signs, guard posts, street lights, etc. (Notify, as soon as possible, the appropriate agency or owner if property is struck or damaged.) Also include damage to buildings, animals struck by vehicles, cargo carried in vehicles, etc. If a fixed or other object, not in roadway, is struck show distance from curb or pavement edge. Name and address of owner of damaged property should be shown. (A wild animal has no value or owner.)

LIGHT, WEATHER, SURFACE AND ROAD CONDITIONS

LIGHT CONDITION <input type="checkbox"/> 1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	WEATHER <input type="checkbox"/> <input type="checkbox"/> 1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	SURFACE CONDITION <input type="checkbox"/> 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE <input type="checkbox"/> 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) _____ _____ _____
---	---	--	---	---

LIGHT CONDITION - Show appropriate number in the box for the light condition present at the time of accident.

WEATHER CONDITION - Show the weather condition(s) present at the time and place of the accident by entering the appropriate number(s) in the box(es). If other, define the condition on the line under the number 9 (Other). List the most predominate condition first.

SURFACE CONDITION - Show the surface condition present at the time and place of accident by entering the appropriate number in the box. If other, define surface condition on the line beside 5 (Other).

TYPE OF ROAD SURFACE - Show the type of road surface present at the place of the accident by entering the appropriate number in the box. If other, define the type of road surface on the line beside number 6 (Other).

ROAD CONDITION - Describe the characteristics of the road present at the place of the accident that in the investigator's opinion might have contributed to or influenced the accident such as muddy, soft or uneven shoulders, holes or ruts in the pavement or road, or loose material on surface, etc.

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?

Check yes or no. If "no" is checked and information is later received that the property damage was greater than \$500.00, a supplemental report should be submitted indicating this change.

POLICE ACTIVITY

CHARGES FILED			
NAME _____	CHARGE _____	CITATION NUMBER _____	
NAME _____	CHARGE _____	CITATION NUMBER _____	
TIME NOTIFIED OF ACCIDENT		TIME ARRIVED AT SCENE OF ACCIDENT	
DATE _____	HOUR _____ M. HOW _____	DATE _____	HOUR _____ M.
TYPED OR PRINTED NAME OF INVESTIGATOR _____		DATE REPORT MADE _____	IS REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR _____		ID NO. _____	DEPARTMENT _____ DIST./AREA _____

CHARGES FILED - Any and all charges filed as a result of the accident investigation should be shown even though they may have no bearing on the accident itself. Record last name, first name, middle name, charge(s) and citation number(s). If no charges filed show "None" on the first line. "Pending" should not be used as this furnishes no useful data. If charges are later filed after the report is completed, a supplemental report should be submitted indicating these charges.

TIME NOTIFIED OF ACCIDENT - Show date and time the investigating officer was notified.

HOW - Show how investigating officer was notified (from dispatcher, on sight, by citizen, etc.)

TIME ARRIVED AT SCENE OF ACCIDENT - Show date and time of arrival of investigating officer at scene. If there was no investigation made at the scene (office report, etc.), so indicate.

TYPED OR PRINTED NAME OF INVESTIGATOR - Name of investigator should be typed or printed in this space (this is required in addition to signature).

DATE REPORT MADE - Show date this form was prepared. If the report is a "SUPPLEMENTAL" report, this date should reflect the date the supplement was prepared.

IS REPORT COMPLETE? - Check appropriate box. If not complete; when additional information is available, submit a supplemental accident report showing the information. A supplemental report is a photo copy of the original report, marked "SUPPLEMENTAL" at the top with the information added (e.g. BAC test results).

SIGNATURE/IDENTIFICATION NO./DEPARTMENT - Investigator should sign report and show identification number (badge or other departmental identification number) and his department.

DISTRICT/AREA - Those cities participating in Urban Location Coding Project should enter their reporting district. DPS officers should show their assigned Region, District and Sergeant Area. Other agencies may disregard.

BACK OF BASIC REPORT

COMPLETE THIS SIDE OF REPORT IN ALL ACCIDENTS!!

UNIT NUMBER 1

CODE FOR TYPE SPECIMEN TAKEN FOR ALCOHOL/DRUG ANALYSIS A-Breath B-Blood C-Urine N-None R-Refused	CODE FOR TYPE RESTRAINT USED A-Seat Belt & Shoulder Strap B-Seat Belt & No Shoulder Strap C-Child Restraint D-Air Bag Deployed E-Shoulder Strap Only N-None	CODE FOR INJURY SEVERITY (Use only the most serious one in each space for injury.) X-Killed A-Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or distorted limbs, internal injuries, crushed chest, etc. B-Nonincapacitating Injury - Evident injury such as bruises, abrasions, minor lacerations which do not incapacitate. C-Possible Injury - Injury which is claimed, reported or indicated by behavior, but without visible wounds. Includes lingering, momentary unconsciousness or complaint of pain. N-Not Injured							
UNIT NO. 1 DAMAGE RATING	VEHICLE REMOVED TO BY _____								
Item No. OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.			TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
1	DRIVER	See Front	NAME (LAST NAME FIRST)	ADDRESS					
2									
3									
4									
5									
6									

VEHICLE DAMAGE RATING - Show same damage scale and direction of force as for Unit No. 1 on front of report.

VEHICLE REMOVED TO - Show name and address of garage or other place to which vehicle was taken, or if driven away or left at scene, so state.

BY - Show name and address of wrecker, tow truck or other means used to remove vehicle, or if driven away state by whom (owner, driver, or name of other individual).

OCCUPANTS - The following data items should be completed on all occupants:

SEAT POSITION - Show proper space occupied by each occupant. Abbreviations such as CF (center front), RF (right front), LR (left rear), CR (center rear) and RR (right rear) may be used. When two occupants were occupying the same seat position, such as an adult holding a baby, the same seat position should be indicated for both. If occupant was a passenger on a bus show P/B, or if occupant was riding in the rear of a truck show R/T.

NAME - Show last name, first name, middle name or initial for each occupant.

ADDRESS - Show street address, city and state on each occupant injured or killed. If any occupants have same address, you may use "SAME" for all except the first.

TYPE SPECIMEN TAKEN - If specimen was taken for alcohol/drug analysis, show what type by using the following code:

- A - Breath
- B - Blood
- C - Other
- N - None
- R - Refused

NOTE: If no specimen was taken, be sure to show "N" for NONE (do not leave blank) and a dash or "NONE" should be shown in result column.

RESULT - Show actual result of alcohol/drug analysis test if specimen taken. If 0.00, so state and if negative, so state. If result is not available at time accident report is submitted, show "UNK." Then when result is available, submit supplemental accident report showing the result (send copy of original report marked "SUPPLEMENTAL" at the top and with result information added on back).

NOTE: If specimen taken, but no analysis was performed, show "NONE" (do not leave blank). A dash or "NONE" should also be shown in this column if no specimen was taken. If specimen contaminated or lost or container broken, so state.

TYPE RESTRAINT USED - Show type restraint used by each occupant, using the following code:

- A - Seat Belt and Shoulder Strap
- B - Seat Belt and No Shoulder Strap
- C - Child Restraint
- D - Air Bag Deployed
- E - Shoulder Strap Only
- N - None

NOTE: Show "N" if NONE used (do not leave blank).

AGE - Show age of each occupant at last birth date. If infant is less than one year old, show months of age. Example: A ten month old infant would be shown as - 10M.

SEX - Show sex of each occupant.

INJURY CODE - Show most serious injury for each occupant, using the following code:

N - Not injured

K - Killed

A - Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or distorted limbs, internal injuries, crushed chest, etc.

B - Nonincapacitating Injury - Evident injury such as bruises, abrasions, minor lacerations which do not incapacitate.

C - Possible Injury - Injury which is claimed, reported or indicated by behavior but without visible wounds. Includes limping, momentary unconsciousness or complaint of pain.

NOTE: In addition, a casualty supplement is needed (see casualty supplement instructions) for:

1. Any driver or passenger of a passenger car, bus, truck, truck-trailer combination, etc., who dies as a result of the accident.
2. Any operator or passenger of a motorcycle, motor scooter or moped who is killed or injured in the accident.
3. Any pedestrian who is killed or injured in the accident.

UNIT NUMBER 2

Complete this in same manner as for Unit No. 1 ONLY IF Unit No. 2 was a motor vehicle.

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE							
PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	AGE	SEX	INJURY CODE
13							
14							

If there were casualties in the accident other than occupants of a motor vehicle, such as pedestrian, pedalcyclist, horseback rider, occupant of an animal-drawn vehicle, occupant of a train, streetcar, etc., use this space.

Show category of casualty - pedestrian, etc., - last name, first name, middle name or initial, street address, city and state, type of specimen taken, results, age, sex and injury code. Type specimen taken code, result and injury code are same as described for Unit No. 1.

If space is needed for additional casualties, use additional accident report form or 8 1/2 " x 11 " plain paper changing or assigning item numbers as required.

DISPOSITION OF KILLED AND INJURED

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER

All casualties removed by the same conveyance (or by ambulances of the same company) and taken to a common destination should be grouped on one line by item number as shown at the left of line on which such casualty is shown as driver, passenger, pedestrian, etc. Extra lines should be used for each casualty removed by different conveyance or to a different destination so that all casualties may be accounted for.

IF AMBULANCE USED - Show time ambulance driver was notified, time ambulance arrived at scene, and number of attendants in the ambulance (including the driver).

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

This should be a concise but complete narrative of the investigator's opinion of what happened. When coupled with the diagram, it must tell the main events of the accident, describe the major factors and, so far as possible, tell how it happened. For brevity, avoid repeating names, license numbers, makes of vehicles, etc. Refer to unit by number, being careful to use the same number the particular unit was assigned in the report. Use abbreviations for directions, such as "N" for north, "E" for east, etc. Avoid vague statements such as "Unit No. 1 and Unit No. 2 collided," with no further explanation.

Emphasize or explain further, as necessary, any pertinent fact not fully explained elsewhere. Describe mechanical failures or any other contributing factors necessary for a full comprehension of what occurred.

If the accident involved a peace officer or fire fighter driving a law enforcement vehicle or fire department vehicle in pursuit of his/her duties as a peace officer or fire fighter, and the accident occurred during an emergency, you must give a brief explanation of the emergency.

In any accident where the driver's physical or mental condition is not normal (ill, sleepy or asleep, blackouts, missing limbs or eyes, limbs in casts, emotionally disturbed, etc.) this fact should be noted in this section.

As a minimum, the "investigator's narrative opinion of what happened" portion of the report should show:

1. The direction of travel for each traffic unit involved, identifying each unit by the same number used for that unit on the front of the report (identification of the highway is optional);


2. The defective driving strategy of each unit, if any, that contributed to the accident (operational factors);
3. The evasive action, if any, of each traffic unit and identify any faulty evasive action which was a factor in the accident (an operational factor);
4. The phase, or phases (recognition, decision, and/or performance) in which operations failed, covering each operational factor reported;
5. The condition(s) of (1) the road and environment, (2) of the vehicle, and (3) of the driver(s) and/or pedestrian that produced the defective driving strategy and/or faulty evasive action (condition factors);
6. The reason for failing to give a conclusion identifying a condition factor or factors;
7. The first harmful event for each traffic unit;
8. The point of initial contact (general statement only, and may be omitted when point is obvious by nature of the accident);
9. The points struck on vehicles or objects (only when pertinent);
10. An indication of the maximum engagement (only when pertinent);
11. The movement and route of each traffic unit to the final position (may be omitted when not pertinent); and
12. Show data used for speed computation.

All factors found must be shown in the narrative even if they have been addressed in another place on the report.

The above specifications are not necessarily in the order in which they should be recorded.

If space is not adequate, use additional report forms, or plain 8½" x 11" sheet of paper to complete description.

DIAGRAM

DIAGRAM <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">  </div> <div> INDICATE NORTH </div> </div>

A small sketch, not necessarily to scale, should be drawn in space provided. Units may be shown by arrows; number to correspond to unit numbers as used in sections above. This diagram should detail all the events occurring in the accident including direction of travel prior to impact (by use of a solid line), point of impact and the path to final positions (by use of a dotted line). North should be indicated by an arrow.

The type of roadway, one-way, two-way, or divided should be indicated by checking the appropriate box.

If accident is of such nature that the diagram space is insufficient and/or if investigating agencies desire, they may submit a larger (not to exceed 8½" x 11" sheet), more comprehensive diagram. In this case, the small diagram on the report may be omitted.

FACTORS AND CONDITIONS AND TRAFFIC CONTROL

FACTORS AND CONDITIONS CONTRIBUTING				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED				TRAFFIC CONTROL		
UNIT 1	2	3	4	UNIT 1	2	3	4	0-NO CONTROL OR INOPERATIVE 1-DIVIDER OR FLAGSMAN 2-STOP AND GO SIGNAL 3-STOP SIGN 4-FLASHING RED LIGHT	5-TURN MARKS 6-WARNING SIGN 7-RB BATES OR SIGNALS 8-YIELD SIGN 9-CENTER STRIPE OR DIVIDER	10-NO PASSING ZONE 11-OTHER CONTROL
										<input type="checkbox"/>

<ol style="list-style-type: none"> 1. Aired on Road - Domestic 2. Aired on Road - Wild 3. Backed Without Safety 4. Changed Lane When Unsafe 5. Defective or No Headlamps 6. Defective or No Stop Lamps 7. Defective or No Tail Lamps 8. Defective or No Turn Signal Lamps 9. Defective or No Trailer Brakes 10. Defective or No Vehicle Brakes 11. Defective Steering Mechanism 12. Defective or Slack Tires 13. Defective Trailer Hitch 14. Disabled in Traffic Lane 15. Disregarded Stop and Go Signal 16. Disregarded Stop Sign or Light 17. Disregarded Turn Marks at Intersection 18. Disregarded Warning Sign at Construction 	<ol style="list-style-type: none"> 19. Distraction in Vehicle 20. Driver Inattention 21. Drove Without Headlights 22. Failed to Control Speed 23. Failed to Drive on Single Lane 24. Failed to Give Half of Roadway 25. Failed to Yield to Pedestrian 26. Failed to Pass to Left Safely 27. Failed to Pass to Right Safely 28. Failed to Signal or Gave Wrong Signal 29. Failed to Stop at Proper Place 30. Failed to Stop for School Bus 31. Failed to Stop for Train 32. Failed to Yield ROW - Emergency Vehicle 33. Failed to Yield ROW - Open Intersection 34. Failed to Yield ROW - Private Drive 35. Failed to Yield ROW - Stop Sign 36. Failed to Yield ROW - To Pedestrian 	<ol style="list-style-type: none"> 37. Failed to Yield ROW - Turning Left 38. Failed to Yield ROW - Turn on Red 39. Failed to Yield ROW - Yield Sign 40. Fatigued or Asleep 41. Faulty Evacue Action 42. Fire in Vehicle 43. Flooding or Obstructed Path 44. Followed Too Closely 45. Had Seen Drivings 46. Handicapped Driver (Explain in Narrative) 47. I.L. (Explain in Narrative) 48. Impaired Visibility (Explain in Narrative) 49. Improper Start From Parked Position 50. Load Not Secured 51. Opened Door Into Traffic Lane 52. Overtook Vehicle or Load 53. Overtook and Pass Insufficient Clearance 54. Parked and Failed to Set Brakes 55. Parked in Traffic Lane 	<ol style="list-style-type: none"> 56. Parked Without Lights 57. Passed in No Passing Zone 58. Passed on Right Shoulder 59. Pedestrian Failed to Yield ROW to Vehicle 60. Speeding - Inside (Under Limit) 61. Speeding - Over Limit 62. Talking Medication (Explain in Narrative) 63. Turned Improperly - Cut Corner on Left 64. Turned Improperly - Wide Right 65. Turned Improperly - Wrong Lane 66. Turned When Unsafe 67. Under Influence - Alcohol 68. Under Influence - Drug 69. Wrong Side - Approach or in Intersection 70. Wrong Side - Not Passing 71. Wrong Way - One Way Road 72. Other Factor (Write in on Line Below)
---	--	---	--

TRAFFIC CONTROL - Show the traffic control affecting the accident by entering the appropriate number into the square. If more than one traffic control is present, show the one most affecting this accident. If other, indicate the type of traffic control in No. 11 "Other Control."

NOTE: If the traffic control device is inoperative, it must be explained in the narrative.

DEFINITION OF FACTORS

FACTOR - Any circumstance contributing to a result without which the result could not have occurred; an element which is necessary to produce the result, but not, by itself, sufficient. Factors are divided into two categories: operational factors and conditional factors.

OPERATIONAL FACTORS - Functional failures of the human element of the highway transportation system that contribute to the cause of a traffic collision. The failures may be malfunctions of perception, decision or performance in trip planning, driving strategy, or evasive tactics.

CONDITIONAL FACTORS - Deficiencies in basic attributes or roads, vehicles, people as related to highway transportation and permanently or temporarily modified, that contribute to operational factors.

INVESTIGATING OFFICER'S OPINION - Belief based on grounds, either sufficient or insufficient for certainty, conclusions, inferences or conjectures concerning events and con-

ditions. The investigating officer may not have enough evidence to file a traffic charge but does have enough data to render an opinion as to the causes of the accident.

NON-CONTACT UNIT - Most of these contributing factors can be applied to a non-contact unit.

FACTORS AND/OR CONDITIONS CONTRIBUTING TO THE ACCIDENT (FACT OR INVESTIGATOR'S OPINION)

This section of the report is designed for the investigator to determine which factor(s) or condition(s) contributed to the accident for each unit. The investigator should classify by priority for each unit the factors or conditions which contributed the most to the accident, listing the most contributing factor for each unit as number 1, second most contributing as number 2, etc. If more than three factors apply to a particular unit list number 4-5 in the "Other Factors/Conditions" section. Put a dash in unused boxes. When more than one unit is shown with a contributing factor/condition, place an X by the unit number to indicate which factor/condition is the predominate causative factor in the accident. This should provide for more accurate data on accident causes.

EXAMPLE #1

An investigating officer determines through his investigation of an accident that Unit No. 1 was speeding and ran a stop sign when it collided with Unit No. 2. If the officer's opinion is that, the primary factor contributing to the accident was the running of the stop sign and that the speeding factor was a secondary factor, and there were no evident factors for Unit No. 2, the factors should be listed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
FACTORS/CONDITIONS CONTRIBUTING							
X UNIT 1	1 16	2 61	3 -	UNIT 1	1 -	2 -	
UNIT 2	1 -	2 -	3 -	UNIT 2	1 -	2 -	

EXAMPLE #2

In the same accident, Unit No. 2's driver was under the influence and was arrested; however, in the officer's opinion, this did not contribute to the accident. The report should be completed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
FACTORS/CONDITIONS CONTRIBUTING							
X UNIT 1	1 16	2 61	3 -	UNIT 1	1 -	2 -	
UNIT 2	1 -	2 -	3 -	UNIT 2	1 67	2 -	

EXAMPLE #3

If in the officer's opinion, the speeding was the primary cause of this accident, the report should be completed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
FACTORS/CONDITIONS CONTRIBUTING							
X UNIT 1	1 61	2 16	3 -	UNIT 1	1 -	2 -	
UNIT 2	1 -	2 -	3 -	UNIT 2	1 67	2 -	

EXAMPLE #4

An accident occurs when Unit No. 2 fails to yield at a yield sign. The driver of Unit No. 1 has defective brakes preventing him/her from taking proper evasive action. In the investigator's opinion, the predominant causative factor in the accident is Unit No. 2's failure to yield. The contributing factors should be entered as follows, and an X should be placed as indicated next to Unit 2:

FACTORS AND CONDITIONS CONTRIBUTING				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
UNIT 1	1	10	2	3	UNIT 1	1	2
X UNIT 2	1	39	2	3	UNIT 2	1	2

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

It is sometimes difficult to form an opinion as to whether a factor or condition did or did not contribute to an accident. For example: A driver may commit an unsafe and/or unlawful act, be handicapped, ill, taking medication or drinking but in the officer's opinion he/she is unsure if it is a factor or condition contributing to the accident. This section is to record the fact that the condition was present, but the investigator is unable to determine whether the factor/condition contributed. It is also important to collect certain data even though the factor/condition did not contribute to an accident. For example: A DWI driver is stopped in obedience to a stop sign and is struck from behind by another vehicle. By collecting this data we will have statistical data on total involvement of DWI drivers in accidents as well as data on DWI drivers who are causative factors in accidents. Data such as drivers who had been drinking (but not to extent to be considered under the influence) and involved in accidents is also important statistical data.

LIST OF FACTORS AND/OR CONDITIONS

Legal Reference - Where only the section number is shown, reference is to the Uniform Act, VCS 6701d.

- 1. ANIMAL ON ROAD, DOMESTIC** - When a vehicle receives damage as a result of striking a domestic animal, such as a cow, dog, or chicken; or when a domestic animal's presence on the road contributes to the accident.
- 2. ANIMAL ON ROAD, WILD** - When a vehicle receives damage as a result of striking a wild animal, such as a deer, coyote, turkey, buzzard, etc.; or when a wild animal's presence on the road contributes to the accident.
- 3. BACKED WITHOUT SAFETY** - When a driver makes an unsafe movement and such action contributes to the accident.
Legal Reference: Section 173
- 4. CHANGED LANES WHEN UNSAFE** - When a vehicle on a multilane street moves outside its lane of travel and such action contributes to the accident.
Legal Reference: Section 68(a)
- 5. DEFECTIVE OR NO HEADLIGHTS** - When a vehicle is not equipped with headlamps or

when headlamps are defective to any extent that they contribute to the accident. Consideration should be given to the time of day or conditions requiring use and proper mounting. Example: Would the use of headlamps during daylight hours have been a preventative measure?

Legal Reference: Section 110(a); Section 130(a)

6. **DEFECTIVE OR NO STOP LAMPS** - When the lack or malfunction of stop lamps contributes to the accident.
Legal Reference: Section 118. 124(e)
7. **DEFECTIVE OR NO TAIL LAMPS** - When the lack or malfunction of tail lamps contributes to the accident. Consideration should be given to factors in the accident such as time of day and lighting conditions and not statute requirements.
Legal Reference: Section 111(a)
8. **DEFECTIVE OR NO TURN SIGNAL LAMPS** - When the lack of or malfunction of turn signals contributes to the accident.
Legal Reference: Section 124(f)
9. **DEFECTIVE OR NO TRAILER BRAKES** - Applies to brakes on trailers, semi-trailers, and pole trailers when the lack of such equipment or malfunction contributes to the accident. Do not check this section when the vehicle's stopping ability had no bearing on the accident.
Legal Reference: Section 132
10. **DEFECTIVE OR NO VEHICLE BRAKES** - When lack of or malfunction of brakes on motor vehicles, motorcycles, etc., contributes to the accident. Also applies in the case of inadequate parking brakes resulting in a collision.
Legal Reference: Section 132
11. **DEFECTIVE STEERING MECHANISM** - When there is a malfunction of either manual or power steering and the malfunction contributes to the accident.
Legal Reference: Section 140
12. **DEFECTIVE OR SLICK TIRES** - When a lack of tire traction due to excessive tread wear or a blow out of a tire contributes to the accident.
Legal Reference: Section 135
13. **DEFECTIVE TRAILER HITCH** - When malfunction or poorly designed hitch contributes to the accident. Does not apply when separation of a trailer and towing unit occurred as a result of impact, which the hitch mechanism could not be expected to withstand.
Legal Reference: Section 108(a-1) (2) (3)
14. **DISABLED IN TRAFFIC LANE** - When the traffic unit is actually disabled in a traffic lane on the main traveled portion of the road and this contributes to the accident.
Legal Reference: Section 93(b)
15. **DISREGARDED STOP AND GO SIGNAL** - When a vehicle fails to stop or comply with a traffic signal light exhibiting alternating red, yellow, or green lights for controlling traffic and such action contributes to the accident.
Legal Reference: Sections 32(a), 33(c)-1

16. **DISREGARDED STOP SIGN OR LIGHT** - When a driver fails to stop for a stop sign or a flashing red light used in lieu of or in conjunction with a stop sign when such an action contributes to the accident. If a vehicle stops, then fails to yield right of way refer to factor 35.
Legal Reference: Section 35(a)-1; Sections 71(a), 73(b)
17. **DISREGARDED TURN MARKS AT INTERSECTION** - When a vehicle fails to follow the directed course as required by official traffic control devices within or adjacent to an intersection and such action contributes to the accident.
Legal Reference: Section 65(c)
18. **DISREGARDED WARNING SIGN AT CONSTRUCTION** - When a driver encountering a construction zone disregards warning signs placed thereto and such action contributes to the accident.
Legal Reference: 6674u, Section 2
19. **DISTRACTION IN VEHICLE** - When the driver's actions or the actions of others in his/her vehicle are such that a lack of observance and/or vehicle control occurred to the extent it contributes to the accident.
20. **DRIVER INATTENTION** - When a driver's lack of attention to the highway or traffic occurs and contributes to the accident.
21. **DROVE WITHOUT HEADLIGHTS** - When lighting conditions or time of day dictates use of headlights for safe operation to perceive actual hazards and lack of compliance contributes to the accident.
Legal Reference: Section 109(a)
22. **FAILED TO CONTROL SPEED** - When the speed of the vehicle was unreasonable for the circumstances or conditions and the driver's lack of control resulted in a collision with a person, vehicle, or conveyance that was legally on the highway.
Note: Factors 22, 60, and 61 cannot apply to the same unit.
Legal Reference: Section 166(d)
23. **FAILED TO DRIVE IN A SINGLE LANE** - When a driver on a multilaned roadway failed to keep his vehicle entirely within his lane of travel and such action contributes to the accident.
Legal Reference: Section 60(a)
24. **FAILED TO GIVE ½ OF ROADWAY** - When a driver is meeting an oncoming vehicle on a roadway wide enough for one lane of traffic in each direction and the driver fails to give the oncoming vehicle fully one-half (½) of the roadway and such action contributes to the accident.
Legal Reference: Section 53
25. **FAILED TO HEED WARNING SIGN** - When failure to use proper caution in obedience to an official traffic control device or a warning sign contributes to the accident.
Legal Reference: Sections 32, 35(a)-2
26. **FAILED TO PASS TO LEFT SAFELY** - When a vehicle passing to the left infringes on the space of the overtaken vehicle and such action contributes to the accident. (Do not

confuse with number 53.)

Legal Reference: Section 54(a)

27. **FAILED TO PASS TO RIGHT SAFELY** - When a vehicle overtaking to the right infringes on the space of the overtaken vehicle and such action contributes to the accident.
Legal Reference: Section 55(a)
28. **FAILED TO SIGNAL OR GAVE WRONG SIGNAL** - When failure to give appropriate signal or giving a wrong signal contributes to the accident.
Legal Reference: Section 68(b), (c), and (d); Section 69
29. **FAILED TO STOP AT PROPER PLACE** - When a vehicle fails to stop at crosswalk or clearly marked stop line, before entering an intersection, or a proper distance from R.R. grade crossing and such action contributes to the accident.
Legal Reference: Sections 33(c)-1, 33(d), and 35(a)-1
30. **FAILED TO STOP FOR SCHOOL BUS** - When a vehicle fails to stop (or remain stopped) for a school bus stopped on the highway, with required visual signals in operation, to receive or discharge school children and such action contributes to the accident.
Legal Reference: Section 104(a)
31. **FAILED TO STOP FOR TRAIN** - When a vehicle disregards a R.R. crossing gate or flagman, R.R. crossing signal, or approaching train that is plainly visible and in hazardous proximity to the crossing and such action contributes to the accident.
Legal Reference: Section 86
32. **FAILED TO YIELD RIGHT OF WAY - EMERGENCY VEHICLE** - When a vehicle fails to yield the R.O.W. to a legally authorized emergency vehicle responding to an actual emergency in compliance with statutes and such action contributes to the accident.
Legal Reference: Section 75
33. **FAILED TO YIELD RIGHT OF WAY - OPEN INTERSECTION** - When a vehicle fails to yield R.O.W. to a vehicle at an intersection not controlled by traffic signs or signals and such action contributes to the accident.
Legal Reference: Section 71(b), (c), (d), and (d-1)
34. **FAILED TO YIELD RIGHT OF WAY - PRIVATE DRIVE** - When a driver of a vehicle fails to yield R.O.W. before entering or crossing a highway from an alley, building, private road, or driveway and such action contributes to the accident.
Legal Reference: Sections 74 and 92
35. **FAILED TO YIELD RIGHT OF WAY - STOP SIGN** - When a vehicle stops for a stop sign and then fails to yield R.O.W. to a vehicle at an intersection controlled by a stop sign and such action contributes to the accident.
Legal Reference: Sections 71(a) and 73(b)
36. **FAILED TO YIELD RIGHT OF WAY - TO PEDESTRIAN** - When a vehicle fails to yield R.O.W. to a pedestrian legally on the roadway and such action contributes to the accident.
Legal Reference: Sections 33(a), (b), and (c), 34(a), 76(d), and 77

37. **FAILED TO YIELD RIGHT OF WAY - TURNING LEFT** - When a vehicle intending to turn left at an intersection or into an alley, private road, or driveway fails to yield R.O.W. to any vehicle approaching from the opposite direction and such action contributes to the accident.
Legal Reference: Section 72
38. **FAILED TO YIELD RIGHT OF WAY - TURN ON RED** - When a vehicle facing a steady red signal at an intersection stops; then enters the intersection to turn without yielding R.O.W. to other vehicles or pedestrians lawfully using the intersection and such action contributes to the accident.
Legal Reference: Section 33(c)1
39. **FAILED TO YIELD RIGHT OF WAY - YIELD SIGN** - When a vehicle fails to yield R.O.W. to another vehicle at an intersection controlled by a yield sign and such action contributes to the accident.
Legal Reference: Sections 71(a) and 73(c)
40. **FATIGUED OR ASLEEP** - When, due to exhaustion or weariness, the driver of a vehicle goes to sleep or into a period of mental inactivity which impairs his reaction time or perception and such condition contributes to the accident.
41. **FAULTY EVASIVE ACTION** - When a driver takes no evasive action at all when it is reasonable to assume he/she should have, and when such action could have prevented the collision, or in an effort to avoid the collision the driver takes improper evasive action and such action contributes to the accident.
42. **FIRE IN VEHICLE** - When a fire is accidentally ignited in a vehicle or a fire is started by some mechanical failure, or after collision but before events have stabilized.
43. **FLEEING OR EVADING POLICE** - When a driver of a vehicle intentionally flees from a person he/she knows is a peace officer attempting to arrest, and this fleeing results in any type of collision.
Legal Reference: Section 186
44. **FOLLOWED TOO CLOSELY** - When a vehicle is following too close to take proper evasive action and such action contributes to the accident.
Legal Reference: Section 61(a), (b), and (c)
45. **HAD BEEN DRINKING** - When, in the investigator's opinion, driver of vehicle, pedestrian or pedalcyclist, in the accident had been drinking an alcoholic beverage but not to the extent to be considered intoxicated. (Show in other factors/conditions sections.)
Note: Both factors 45 and 67 should not be indicated on one driver.
46. **HANDICAPPED DRIVER (See Narrative)** - When a driver of a vehicle in the accident had a physical handicap and such condition contributes to the accident.
Note: Explain in narrative.
47. **ILL (See Narrative)** - When a driver of a vehicle in the accident had physical or mental illness and such condition contributed to the accident.
Note: Explain in narrative.

48. **IMPAIRED VISIBILITY** - When a driver's view is obstructed by the vehicle's load or occupants; or when vehicles and/or objects, on or near the highway obstruct driver's view of pedestrian and/or traffic. This also includes impaired visibility due to weather or objects/material placed over windows.
Note: Explain in narrative.
49. **IMPROPER START FROM PARKED POSITION** - When a driver makes an unsafe movement from a parked position and such action contributes to the accident.
Legal Reference: Section 67
50. **LOAD NOT SECURED** - When an unsecured or improperly secured load shifts or falls from a vehicle and contributes to the accident.
51. **OPENED DOOR INTO TRAFFIC LANE** - When a door of a vehicle is opened into a traffic lane and contributes to the accident.
Legal Reference: Section 176
52. **OVERSIZE VEHICLE OR LOAD** - When a vehicle with an oversize load or an oversize vehicle, or manufactured housing because of its oversize contributes to the accident.
Legal Reference: VCS, 6701d-11
53. **OVERTAKE AND PASS INSUFFICIENT CLEARANCE** - When an overtaking vehicle does not have sufficient space to safely return to the right side of the roadway, because of oncoming traffic, and such action contributes to the accident by interfering with the oncoming vehicle or the vehicle overtaken.
Legal Reference: Section 56
54. **PARKED AND FAILED TO SET BRAKES** - When failure to set the brakes on a vehicle that was parked and left unattended contributes to the accident.
Legal Reference: Section 97
55. **PARKED IN TRAFFIC LANE** - When any vehicle is not legally stopped, standing, or parked in a traffic lane and such action contributes to the accident.
Legal Reference: Sections 93, 95, and 96
56. **PARKED WITHOUT LIGHTS** - When a vehicle is parked without lights in violation of any provision of Section 121 and such action contributes to the accident.
Legal Reference: Section 121
57. **PASSED IN NO PASSING ZONE** - When a vehicle overtakes and passes another vehicle in a no passing zone and such action contributes to the accident.
Legal Reference: Section 58
58. **PASSED ON RIGHT SHOULDER** - When a vehicle is illegally overtaking or passing another vehicle on the right shoulder and such action contributes to the accident.
Legal Reference: Section 54A
59. **PEDESTRIAN FAILED TO YIELD RIGHT OF WAY TO VEHICLE** - When a pedestrian fails to yield to vehicular traffic and such action contributes to the accident.
Legal Reference: Sections 77, 78, 80 or 96

60. **SPEEDING - UNSAFE (UNDER LIMIT)** - When a vehicle is traveling under the maximum legal speed limit; however, at a speed that is unsafe for the conditions then existing and such action contributes to the accident.
Legal Reference: Section 166(a), (b), (c)
61. **SPEEDING - OVER LIMIT** - When a vehicle is traveling over the legal speed limit and such action contributes to the accident.
Note: Factors 22, 60, and 61 cannot apply to the same unit.
Legal Reference: Section 166(a)
62. **TAKING MEDICATION** - When a driver is taking medication (prescription or over the counter). (Show in other factors/conditions section.) (List medication taken in narrative.)
63. **TURNED IMPROPERLY - CUT CORNER ON LEFT** - When a vehicle starts its left turn too soon and such action contributes to the accident.
Legal Reference: Section 65(b)
64. **TURNED IMPROPERLY - WIDE RIGHT** - When a vehicle turns right on a roadway and fails to keep as near as practical to the right curb or edge of roadway but not to the degree that it could be called "turn from wrong lane," and such action contributes to the accident.
Legal Reference: Section 65(a)
65. **TURNED IMPROPERLY - WRONG LANE** - When a vehicle turns right or left from the wrong lane and such action contributes to the accident.
Legal Reference: Section 65(a)
66. **TURNED WHEN UNSAFE** - When a vehicle turns right or left or moves from a direct course when such turn or movement could not be made safely and such action contributes to the accident.
Legal Reference: Section 68
67. **UNDER INFLUENCE - ALCOHOL** - When the intoxicated condition of the driver, pedestrian or pedalcyclist, due to consuming alcoholic beverages is a factor that contributes to the accident.
Legal Reference: VCS 6701-1
68. **UNDER INFLUENCE - DRUG** - When the intoxicated condition of a driver, pedestrian or pedalcyclist, due to taking drugs is a factor that contributes to the accident.
Legal Reference: VCS 6701-1
69. **WRONG SIDE - APPROACH OR IN INTERSECTION** - When a vehicle is overtaking and passing another vehicle left of the center of the roadway either approaching or traversing an intersection and such action contributes to the accident.
Legal Reference: Section 57
70. **WRONG SIDE - NOT PASSING** - When a vehicle is driven on the wrong side of the roadway not in the act of overtaking and passing another vehicle traveling in the same direction and such action contributes to the accident.
Legal Reference: Section 52

71. **WRONG WAY - ONE-WAY ROAD** - When a vehicle is driven the wrong way on a one-way roadway or the wrong way on a divided highway and such action contributes to the accident.
 Legal Reference: Section 59
72. **OTHER FACTOR (Write in on line below - explain in narrative if necessary)** - Identify any factor or condition that does not belong in any of the preceding 71 categories.

ACCIDENT CASUALTY SUPPLEMENT REPORT

GENERAL

The Texas Peace Officers Accident Casualty Supplement has been designed to serve two specific purposes:

1. To gather necessary information for certain types of casualties (death and injuries) which could not be included on the basic report because of space limitations.
2. As a supplement to report the death of anyone who dies as a result of the accident after submission of the basic report.

The Casualty Supplement is divided into four sections for reporting casualties plus an "Accident Identification" section. Each section for reporting casualties is designed to report a particular type of casualty. If there are more casualties than can be reported on one supplement, additional casualty supplements must be completed. If casualties of different types are to be reported (such as an operator of a motorcycle and a pedestrian), they may be reported on the same casualty supplement.

ACCIDENT IDENTIFICATION

ST-3X (Rev. 1-86)		TEXAS PEACE OFFICERS ACCIDENT CASUALTY SUPPLEMENT			
ACCIDENT IDENTIFICATION (COPY INFORMATION IN THIS SECTION EXACTLY AS SHOWN ON BASIC REPORT)					
COUNTY _____		CITY OR TOWN _____			
ROAD ON WHICH ACCIDENT OCCURRED _____		DATE OF ACCIDENT _____ 19 _____		<input type="checkbox"/> AM <input type="checkbox"/> PM	
UNIT NO. 1 DRIVER _____		LAST FIRST MIDDLE		LICENSE PLATE _____	

Information required in this section must be exactly as shown on the basic Texas Peace Officer's Accident Report in order to properly relate the casualty supplement to the basic report. This section must be completed on each casualty supplement submitted.

SECTION 1 - OCCUPANT DEATH

SECTION 1 - OCCUPANT DEATH (DRIVER OR PASSENGER IN PASSENGER OR TRUCK TYPE VEHICLE)				IN UNIT NO.
NAME OF PERSON KILLED	LAST	FIRST	MIDDLE	
DATE OF DEATH		19	HOUR	<input type="checkbox"/> AM EJECTED <input type="checkbox"/> PM FROM VEHICLE
DESCRIBE INJURIES				
PART OF VEHICLE CAUSING INJURY				

SECOND OCCUPANT DEATH (DRIVER OR PASSENGER IN PASSENGER OR TRUCK TYPE VEHICLE)				IN UNIT NO.
NAME OF PERSON KILLED	LAST	FIRST	MIDDLE	
DATE OF DEATH		19	HOUR	<input type="checkbox"/> AM EJECTED <input type="checkbox"/> PM FROM VEHICLE
DESCRIBE INJURIES				
PART OF VEHICLE CAUSING INJURY				

This section is to be completed when the death of a driver or passenger of a motor vehicle (except motorcycles, motor scooters or mopeds) designed for the transportation of persons or property is a result of the accident. Vehicles considered to be designed for the transportation of persons or property are passenger cars, buses, trucks, truck-trailer combinations, etc. Do not include farm tractors, farm machinery, road machinery and similar types of vehicles, or motorcycles, motor scooters, go-carts, etc., in this section as they should be reported as prescribed in other sections of this supplement.

1. If death occurs prior to submission of the basic report, the casualty supplement should be attached to and submitted with the basic report.
2. If death occurs after submission of the basic report, the casualty supplement alone should be submitted to report the death.

NAME OF PERSON KILLED - Show last name, first name and middle initial of person killed.

IN UNIT NO. - Show the traffic unit deceased was in as described in the basic report.

DATE OF DEATH - Show month, day and year this person died. This information is critical since only deaths occurring within 30 days of the date of accident are chargeable to the accident.

HOUR - Show time of death, AM or PM. If time of death is unknown, so state.

EJECTED FROM VEHICLE - Describe the extent to which the person's body was expelled from the vehicle during any part of the accident using the following terms and definitions:

FULLY - Means expelled completely from the vehicle.

PARTIAL - Means when some part of the body is expelled from the vehicle and receives⁶⁴ injury as a result of being outside the vehicle, such as part of the body is ejected outside the door and is crushed when car rolls over.

NO - Means when no part of the body is expelled outside the vehicle, or if partly ejected, no injury resulted from such partial ejection.

UNKNOWN - Means when through investigation it cannot be determined whether the body was expelled from the vehicle.

DESCRIBE INJURIES - Show parts of the body injured and the nature of such injuries.

PART OF VEHICLE CAUSING INJURY - Show, if possible, what part or parts of the interior of the vehicle caused the injuries shown in "Describe Injuries." If unknown, so state.

SECTION II - MOTORCYCLE, MOTOR SCOOTER OR MOPED CASUALTIES

SECTION II - MOTORCYCLE, MOTORSCOOTER OR MOPED CASUALTY (DEATH OR INJURY)							
NAME OF CASUALTY	LAST	FIRST	MIDDLE			OPERATOR	
						PASSENGER	
IF KILLED		DESCRIBE					
DATE OF DEATH		INJURIES					
TYPE OF EYE PROTECTIVE DEVICE		COLOR OF LENS OR SHIELD		WAS HELMET WORN?	YES	NO	WAS HELMET DAMAGED?
					YES	NO	YES
					NO	NO	NO
SECOND MOTORCYCLE, MOTORSCOOTER OR MOPED CASUALTY (DEATH OR INJURY)							
NAME OF CASUALTY	LAST	FIRST	MIDDLE			OPERATOR	
						PASSENGER	
IF KILLED		DESCRIBE					
DATE OF DEATH		INJURIES					
TYPE OF EYE PROTECTIVE DEVICE		COLOR OF LENS OR SHIELD		WAS HELMET WORN?	YES	NO	WAS HELMET DAMAGED?
					YES	NO	YES
					NO	NO	NO

This section is to be completed whenever a motorcycle, motor scooter or moped operator or passenger is killed or injured as follows:

1. If the casualty is being reported for the first time - whether killed or injured - all information in this section must be completed. When such death or injury is known prior to submitting the basic report, the casualty supplement should be attached to and submitted with the basic report. If such death or injury is not known prior to submitting the basic report, the casualty supplement alone containing all required information that is available should be submitted.
2. If a casualty who has been previously reported on a casualty supplement dies after submission of the basic report, another casualty supplement to report such death containing only the accident identification, the name of the casualty and the date of death must be submitted.

NAME OF CASUALTY - Show last name, first name, middle initial of person killed or injured.

OPERATOR-PASSENGER - Check appropriate box to indicate whether operator or passenger.

IF KILLED, DATE OF DEATH - If subject was killed show month, day and year of death. If subject was not killed, show "N/A", or not applicable.

DESCRIBE INJURIES - Show parts of the body injured and nature of such injuries.

TYPE OF EYE PROTECTIVE DEVICE - If an eye protective device was worn, show the type as "Face Shield," "Goggles," etc. If no eye protective device was worn, show "None." If not known whether an eye protective device was worn, show "Unknown."

COLOR OF LENS OR SHIELD - If an eye protective device was worn, show the color of the face shield or goggle lens, such as "Clear," "Amber," "Blue," etc. If no eye protective

device was worn, show "None." If not known whether an eye protective device was worn, show "Unknown."

WAS HELMET WORN? - Show "Yes" or "No" by checking appropriate box.

WAS HELMET DAMAGED? - Show "Yes" or "No" concerning damage to helmet by checking appropriate box.

SECTION III - PEDESTRIAN CASUALTIES

SECTION III - PEDESTRIAN CASUALTY (DEATH OR INJURY)			
NAME OF CASUALTY		IF KILLED, DATE OF DEATH	
LAST	FIRST	MIDDLE	
WHAT PEDESTRIAN WAS DOING			
PEDESTRIAN WAS GOING <input type="checkbox"/> ALONG			
PEDESTRIAN WAS GOING <input type="checkbox"/> ACROSS OR INTO _____ FROM _____ TO _____ IF NOT IN ROADWAY EXPLAIN			
(N S E W)		(STREET NAME, HIGHWAY NO.) (N. E. CORNER TO S. E. CORNER, OR WEST TO EAST SIDE, ETC.)	
CROSSING OR ENTERING AT			
1. <input type="checkbox"/> INTERSECTION OR CROSSWALK	4. <input type="checkbox"/> WALKING IN ROADWAY WITH TRAFFIC	7. <input type="checkbox"/> PUSHING OR WORKING ON VEHICLE	10. <input type="checkbox"/> OTHER IN ROADWAY
CROSSING OR ENTERING NOT			
2. <input type="checkbox"/> AT INTERSECTION OR CROSSWALK	5. <input type="checkbox"/> WALKING IN ROADWAY AGAINST TRAFFIC	8. <input type="checkbox"/> OTHER WORKING IN ROADWAY	11. <input type="checkbox"/> NOT IN ROADWAY
3. <input type="checkbox"/> GETTING ON OR OFF VEHICLE			
6. <input type="checkbox"/> STANDING IN ROADWAY (INCLUDES HITCH HIKING)			
9. <input type="checkbox"/> PLAYING IN ROADWAY			
DESCRIBE INJURIES _____			

This section is to be completed whenever a pedestrian (as defined in the Manual on Classification of Motor Vehicle Traffic Accidents) is killed or injured in an accident as follows:

1. If the casualty is being reported for the first time - whether killed or injured - all information in this section must be completed. When such death or injury is known prior to submitting the basic report, the casualty supplement should be attached to and submitted with the basic report. If such death or injury is not known prior to submitting the basic report, the casualty supplement alone containing all required information that is available should be submitted.
2. If a casualty who has been previously reported on a casualty supplement dies after submission of the basic report, another casualty supplement to report such death containing only the accident identification, the name of the casualty and the date of death must be submitted.

NAME OF CASUALTY - Show last name, first name, middle initial of pedestrian killed or injured.

IF KILLED, DATE OF DEATH - If subject was killed, show month, day and year of death. If subject was not killed, so state.

WHAT PEDESTRIAN WAS DOING - Check appropriate boxes and fill in blanks to show where pedestrian was going and what pedestrian was doing. Wherever roadway is mentioned, it means the portion of the trafficway which is improved, designed or ordinarily used for vehicular travel exclusive of the shoulder (reference Section 13c, (V.C.S. 6701d) Uniform Act or Manual on Classification of Motor Vehicle Traffic Accidents). If pedestrian was off the roadway and was on or adjacent to the shoulder, the box "Not in Roadway" should be checked and explanation made as to where the pedestrian was located.

DESCRIBE INJURIES - Show parts of the body injured and the nature of such injuries.

SECTION IV - OTHER CATEGORY DEATH

SECTION IV - OTHER CATEGORY DEATH (ROAD MACHINERY, PEDALCYCLIST, STANDING ON PORCH, GO-CART, ETC.)				
NAME OF PERSON KILLED	LAST	FIRST	MIDDLE	DATE OF DEATH
SIGNATURE	PERSON COMPLETING SUPPLEMENT	DEPARTMENT	DATE THIS SUPPLEMENT MADE	

This section is to report the death of a person as a result of an accident when such person does not fit the description of those to be reported in Sections I, II and III and the death occurs after submission of the basic report.

Examples of types of persons who should be shown in this section are persons in go-carts, farm machinery, farm tractors, road machinery, trains or streetcars; standing, sitting or walking off the road (as on porch or in yard); pedalcyclist, horseback rider, etc.

NOTE: If the death of such person occurs before submission of the basic report, the death should be shown on the basic report and this form need not be submitted.

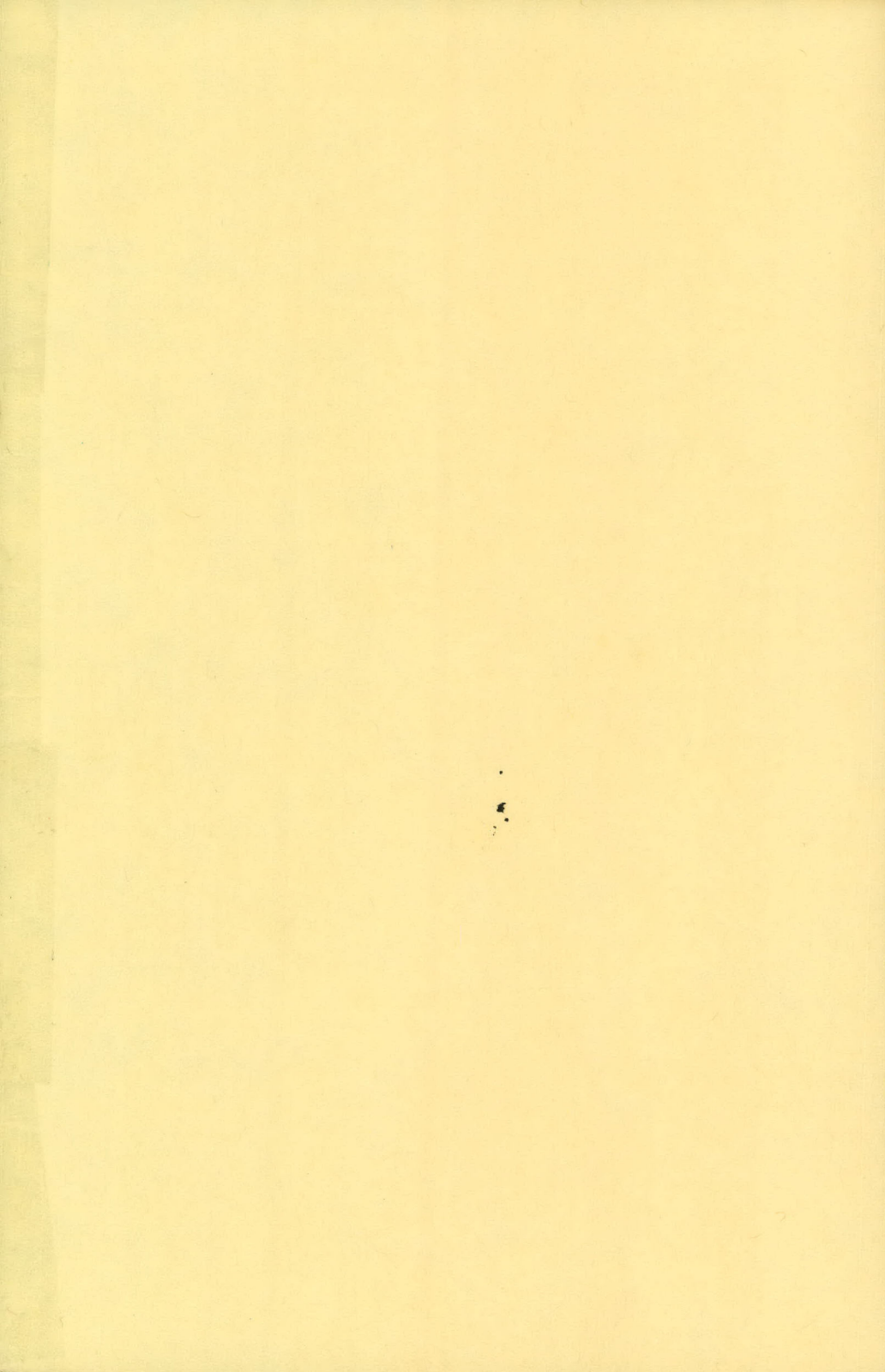
NAME OF PERSON KILLED - Show last name, first name, middle initial of person killed.

CATEGORY - Show what person was doing such as pedalcyclist, operator of farm tractor, etc.

DATE OF DEATH - Show month, day and year of death.

SIGNATURE - Person completing the supplement should sign and show department.

DATE REPORT MADE - Show date this supplement was prepared and submitted.



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